## Commonwealth of Pennsylvania

## CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	Report Filed By:	CANEDIDATE 1.	COMMITTEE 2 LORRYIST 3.							
Name of Filing Committee, Candidate or Lobbyist:										
COMMITTEE TO RE-ELECT SUE STROHMEYER Street Address:										
5906 FOOTEMILL RD										
City: ERIC		State: PA	Zip Code: 16509 -							
TYPE OF STRICTURED AND THE PROPERTY OF THE PRO	(08085000000000	30 DAY 3. POST PRIMARY	AMENDMENT YES NO							
BTF TUESDAY 4. 2010 FRIDA	0000000000 V 100	30 DAY - 5.	TERMINATION YES X NG							
the right of ANNISAL 7. YEAR		POST ELECTION FILING METHOD								
report type) REPORT		*\v Gleck ene /	^							
Name of Office Sought by Candidate:		DATE OF ELECTION	District Office Party County Number Code Code Code							
		11 7 2017	06 OTH REP 25							
		1	03 (SEE INSTRUCTIONS FOR CODES)							
Summary of Receipts	A.P.	MU DAY YEAR	FOR OFFICE USE ONLY							
and Expenditures from: 6 6 20	17 To	10 23 2017								
A. Amount Brought Forward From Last Report	\$	573,2	VOTER I							
B. Total Monetary Contributions and Receipts (From Sched	dule I) \$	0	ER RE CC							
C. Total Funds Available (Sum of Lines A and B)	otal Funds Available (Sum of Lines A and B) \$ 573.2									
D. Total Expenditures (From Schedule III)	5.73.2	2 (J) (***								
E. Ending Cash Balance (Subtract Line D from Line C)	\$	O								
F. Value of In-Kind Contributions Received (From Schedu	ile II) \$	0	ATTON 4: 00							
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0								
	FFIDAVIT SEC	CTION								
PART I — If this is a Committee report, massing sign here. If this is a Candidate report, candidate sign here.  I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true,										
correct and complete.	es, on paper or	computer diskette, are to	the best of my knowledge and belief true,							
Sworn to and subscribed before me this		/ /1								
	<u> </u>	Esque oth	weep-							
Water of Commonwealth of I		· .	of Person Submitting Report							
Signature Natalle Zimmer, No.	•		Printed Name							
My commission expires / W Gemmission Exerce	s_April 12, 2021	FS Area Code								
MO. MEMBER PENNSYLVAKIRASSO	CIATION OF MOTAIN	ES VIET CORE	Daytime Telephone Number							
PART II - II dus is a report of a Candidate's Authorized	d Committee	candidate shall sign h	BF9.							
I sweer (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1933, No. 320) as amended.										
Sworn to and subscribed before me this										
The day of OCTOR DOMMONWEALTHOR	PÉNNS LVAN	NA .								
NOTARIAL		Signature G Candidate								
Greene Twp., E	Notary Public i <del>rio Co</del> ursiv —	Sue	Printed Name							
Greene Two E	Notary Public i <del>rie Co</del> ur V — les April 12, 202	Sue 1 814	Strohmerec							

## SCHEDULE III

## STATEMENT OF EXPENDITURES

				Reporting Period		
Name of Filing Committee or Candidate	c	Q	- 1		17 70	107317
COMMITTEE TO RE-ELECT	コリモ	DINOHWEA		From <u>6-6</u>	10	10 2 7 11
To Whom Paid	-0*			DAY YEAR		52.28
UNITED STATES POSTAL	. S∈	2VIKE	62	16 201	7 \$	ر د د د د د د د د د د د د د د د د د د د
Station Address A				tion of Expenditure AMPS		
2108 EAST 384 STREET	State	Zip Code (Plus 4)	1 31	H11192		<u> </u>
City ERIE	PA	16515 -9998	1			
		10717 770		50 - 7.7 V S S 57 - 7.5	Amount	·
TO WHOM PAID WATTS BURG AREA SCHOOL	DIS	TRICT	10	12 201	7 s	20,00
Mailing Address			Descrip	tion of Expenditure		
•			17E	ARBOOK A	. DD	
City	State	Zip Code (Plus 4)	]			
		-				
To Whom Paid			MO	GAY YEAR	Amount	200,00
BELLE VALLEY FIRE DEPT.			Descrip	12 201 tion of Expenditure	7 \$	200100
Mailing Address			1	VATION		
City	State	Zip Code (Plus 4)	00	QR TIOIQ		<u> </u>
		<b>-</b>	1	ř.		
To Whom Paid			MO	TAY YEAR	Amount	
FRIENDS OF LISA FERRICK			10	18 201	\$	200,00
Mailing Address				tion of Expenditure	. /	
			COL	JTRIBUTIC	· N	
City	State	Zip Code (Plus 4)				
	٠		*************		Amount	
TO WHOM PAID  NITED STATES POSTAL S	FON	ice	10	18 201		100.95
		166		tion of Expanditure		
2108 EAST 384 STREE	$\overline{}$	,	57	AMPS		·
City	State	Zip Code (Plus 4)				
ERIE	PA	16515-9988	3			
To Whom Paid			МО	CAY SEAR	***	
			Sec.	tion of Expenditure	\$	
Mailing Address		•	Descrit	tion of Expenditure	•	
City	State	Zip Code (Plus 4)	-			
,		_				
To Whom Paid			MG,	DAY YEAR	Amount	
To whom raid					\$	
Mailing Address	<del>, , , , , , , , , , , , , , , , , , , </del>		Descrip	tion of Expenditure		<u> </u>
City	State	Zip Code (Plus 4)	1 .			•
		_			200 A	
To Whom Paid			MO	DAY YEAR	Amount \$	
			Descrip	tion of Expenditure	13	
Mailing Address						
City	State	Zip Code (Plus 4)	1	<u></u>		
•		_				
					PAGE TO	TAL
Enter Grand Total of Expenditures on Pa	ame 1	Report Cover P	age.	tem D.	\$	573.23
Enter Grand lotal of Expenditures on Fa	96 l,	IMPORT OF THE	-3-, ,		1 "	رب سے ، سر ، ب